



# Tennessee Regulatory Authority Link-up/Lifeline Application

Consumer Services Division  
460 James Robertson Parkway, Nashville, TN 37243  
1-800-342-8359, extension 157



Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTE: Telephone service will be placed in the name of the applicant that qualifies for Link-up and or Lifeline Assistance if service is not already in applicant's name.**

Address, City & Zip Code \_\_\_\_\_ County \_\_\_\_\_

Your request is for which of the following. **Please check one:**

\_\_\_\_\_ New/Transferred Telephone Service **OR FOR YOUR** \_\_\_\_\_ Existing Telephone Service

What is your existing or assigned telephone number? (Include AREA CODE) \_\_\_\_\_

Who is your local telephone company? \_\_\_\_\_

Applicant's Source of Income. State the Gross Income received from each. **Attach the verification that supports the gross income you receive from each source. For example, if you receive \$400 from Social Security, please attach a copy of your awards letter from Social Security, copy of check, bank statement showing direct deposit, etc. If employed, please attach one month of paystub payments.**

(A) \$ \_\_\_\_\_ Social Security/Social Security Disability

(C) \$ \_\_\_\_\_ Pension

(B) \$ \_\_\_\_\_ Interest Payment

(D) \$ \_\_\_\_\_ Employment Payment

(E) \$ \_\_\_\_\_ Applicant's Total Gross Monthly Income **(Add A thru D to get this total)**

Number of Persons in Your Household (counting yourself) \_\_\_\_\_

**(If Applicable)** Excluding yourself, please list the following information for all other household members:

Full Name	Date of Birth	Amount of Income Contributed to Household	Source of Income
(F) _____			
(G) _____			
(H) _____			

**DON'T FORGET !!!!!** Please attach verification of the gross monthly income for each member of your household. (Examples are an awards letter, copy of check, bank statement, or employment paystubs).

**I attest that the above information provided by me is true and correct and the total gross monthly income received is the only income received for my household.** \_\_\_\_\_

**Applicant's Signature**

**(Optional) Please indicate your race.** This information is for statistical purposes only and will not be used to determine your eligibility for these programs:

☐ African-American ☐ American-Indian ☐ Caucasian ☐ Other

**Do not write below this line**

Approved/Denied By TRA	Date Approved/Denied	Link-up/ Lifeline	THM/TGI
_____	_____	_____	_____